APPLICATION FOR SUPERVISED PUBLIC DISPLAY OF FIREWORKS

APPLICANT NAME	PH	IONE NUMBER ()			
(Group, In	dividual or Organization Sp	ponsoring the Event)			
ADDRESS OF APPLICANT					
	(STREET)	(CITY)	(STATE)	(ZIP)	
APPROXIMATE NUMBER	AND KINDS OF FIREWO	RKS TO BE DISPLA	AYED		
MANNER AND PLACE OF SITE:			ERY TO OUTDO	OOR DISPLAY	
ADDRESS/PHONE NUMBE FROM:			S TO BE PURCE	HASED	
NAME OF <u>COMPANY</u> OR <u>P</u> Please attach a complete <u>RE</u>					
NUMBER OF ASSISTANTS	ER OF ASSISTANTS DATE TIME OF DISPLAY				
VENA CELLO CATIONI /INCI	UDING DIAGRAM OF D	A.M. / P.M.			
*EXACT LOCATION (INCL	<i>LUDING DIAGRAM</i>) OF L		(CITY)	(COUNTY)	
FIRE DEPARTMENT HAV	ING JURISDICTION			(COUNTT)	
ADDRESS		PHONE NUMBER ()			
The proposed display will con with the standards as set forth			ky and Applicant	agrees to comply	
	Signatur	e of Applicant	(Please Prin	t)	
PERMIT IS HEREBY GRA	NTED PURSUANT TO KR	S 227.710			
	Signatu	Signature of Fire Chief/Mayor/County Judge Executive (Please Print)			

A copy of this application must be filed with the State Fire Marshal's Office within fifteen (15) days of Display.

NOTICE OF APPLICANT: Permits are granted at the sole discretion of the Local Official having jurisdiction. This document must be complete and approved by the Fire Chief, Mayor or County Judge Executive, having jurisdiction where the Display is to be conducted. (A diagram must be attached to this application showing the point at which the fireworks are to be discharged, the location of all buildings, highways and other lines of communication, the lines behind which the audience will be restrained and the location of possible overhead obstructions) Proof of \$10,000.00 minimum BOND or LIABILITY INSURANCE (Attach Certificate) KRS 227.720

Return a Copy to:

Tracy Poole

Phone Number (502) 564-3626

State Fire Marshal Office 1047 US Highway 127 South, BAY 1 Frankfort, Kentucky 40601-4322